

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008497

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2456

FILED MAR 8 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in 1b 14 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis - Little Rock Hospitals, Inc.		d. STREET ADDRESS (If outside, give location) 1215 St. Patrice	
3. NAME OF DECEASED (Type or print) First Middle Last George C. Culliton		4. DATE OF DEATH Month Day Year March 4, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-27-86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bridge & Iron Worker		11. BIRTHPLACE (City and state or country) GAYLORD, MICH.	
13a. FATHER'S NAME JOHN CULLITON		13b. MOTHER'S MAIDEN NAME ANN LAMON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date) NO		17. INFORMANT Address Mrs. Florence Culliton - Florissant, Mo.	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture, Rgt. Femur Broucho Pneumonia 904-7-45 DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial Ischemia		INTERVAL BETWEEN ONSET AND DEATH 2-18-63 3 days	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour a.m. p.m. 2-18-63		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Nursing Home		20f. CITY, TOWN, OR LOCATION St. Louis County - Mo	
21. I attended the deceased from February 18, 1963 to March 4, 1963 and last saw him alive on March 4, 1963 Death occurred at 4:30 A.M.		22. SIGNATURE Joseph A. Lembeck, M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-6-63	
24. FUNERAL DIRECTOR White-Mullen Funeral Home, Ferguson, Mo.		25. DATE RECD. BY LOCAL REG. MAR 4 1963	
26. REGISTRAR'S SIGNATURE Paul Smith, M.D.		27. ADDRESS 1755 S. Grand	
28. CITY, TOWN, OR LOCATION ST. LOUIS, MO.		29. STATE Mo.	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Rainald K. Lehmann

Licensed Embalmer No. 3595

P. O. Address Berkley 34, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.